

State of New Mexico
Voucher Batch Report

BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
AsOfDate 10/30/2012

0000210242 11-5-12

Voucher Number	Vchr Line	VchrLineDescr	Discr Account	Account	Fund	VendorName	Withhold	Accounting Period	PurchaseOrder	Invoice Number	Total Amount	
Number	Line		Line#	Description				Year	Month			
00314098	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06101	NASH GAYLE-001	2013	10	0000095156	Nash, G. 9.30-10	705.00
Total For Voucher											705.00	

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00314088
 Voucher Style: Regular
 Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502


Invoice Number: Nash, G. 9.30-10.5.12
 Invoice Date: 10/26/2012
 Total: 705.00

*Pay Terms: Pay Now  Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000099443 

Location: 001 

*Address: 1 

NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Gross Amount: 705.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 10/26/2012 

Net Due: 10/26/2012

Discount Due:

Accounting Date:

Find | View All | First  1 of 1  Last

Payment Method

*Bank: WFB10

*Account: B Pay Group: RE

*Method: ACH ACH *Netting: N 

Message: Message will appear on remittance advice. Messages

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Nash, G. 9.30-10.5.12
Voucher ID: 00314088 Invoice Date: 10/26/2012
Voucher Style: Regular Total: 705.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRANT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	60010010000	Telephone:	505-690-1065
Post of Duty:		Las Cruces		
Residence:		Las Cruces		

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle	<input type="checkbox"/> Check if personal vehicle	License #:	GS-1768
	Year:	2011	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.	
	Course Name:	Meeting with Cabinet Secretary in Santa Fe.
<input checked="" type="checkbox"/> Check if training is required		<input type="checkbox"/> Check if Continuing Education credits will be granted

Travel Information	Date of Request:	09/28/12	Destination:	Santa Fe
	Departure Date: (month/day/yr)	09/30/12	Time:	07:00 AM
Return Date: (month/day/yr)		10/5/12	Time:	07:00 PM
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> Actuals <input type="checkbox"/> No cost to State/Paid By:				

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
545800: Registration - Employee		542200: In-State Per Diem: @ \$85/day	\$ 0.00
546800: Registration - Vendor		Santa Fe Only: 5 @ \$135/day	\$ 675.00
549600: Airline Cost - Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost - Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile		Total reimbursement to employee	\$ 705.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 705.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Employee Signature	Date	Supervisor/Bureau Chief Signature	Date
<i>Gayle Nash</i>	10/19/2012	<i>[Signature]</i>	10/18/12
Division Director/Hospital Administrator	Date	Cabinet Secretary Signature	Date
(As per specific division requirements)		(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	